STATE OF NEW HAMPSHIRE



2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 2 3 2019

				1 711 11 2 3 2013
I. Name of Lobbyist(s)	Robert	OLSON		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's parts	ership, firm or corpora	ation, if any:		DEPARTMENT OF GRAVE
	Law OPA		C	
(Name of pa	artnership, firm or corporation	on)	·	
770 Broad Business Address: (Street)	d Cove R	d. Hopk	inton a	H 03229
	_	m/City)	(State)	(Zip Code)
(603) 496 299°	(一)	(Fax)	e-mail <u>/ 0 50 ^</u>	<u>e rolson lawoffice.co</u>
reportable expense transac	tions which are not attri	ibutable to any one	client).	ay file a separate report for
All reportable transaction ENG	is occurring in the month. IE North			he following client:
OR (Full	Name of Client as it appears	s on the Lobbyist Regi	stration Form)	
☐ All reportable transaction unrelated to any particular cl		ng the lobbyist's fan	nily), or the lobbyin	g firm listed below which are
	il 24, 2019 💢 n date of registration to 3/31		aly 31, 2019 Grom 4/1/19 to 6/30/1	9
	ober 30, 2019 from 7/1/19 to 9/30/19		nuary 29, 2020 🗆 from 10/1/19 to 12/3	1/19
V. There have been no fe If this box is checked, comple Concord, NH 03301.				
VI. Check if additional rep	orts are attached:			
If you have received fees	or made expenditures, y	ou must file Adden	ium A- Fees and E	Expenses
☐ If you have paid an hono Expense Reimbursement	rarium or reimbursed exp	enses, you must file	Addendum B-R	eport of Honorariums or
☐ If you, your firm, or you	r family has made politica	al contributions, you	must file Addend	um C- Political Contributions
Sworn Statement/Affirmati I have read RSA 15, RSA 15 and complete to the best of n	-B, RSA 14-C and RSA	664 and hereby swee	ur or affirm that the	foregoing information is true
(Signature of lobbyist)	- meli	-	4-23-	19 (to)
(Signature of lobbyist) Robert Ol (Print Name of lobbyist)	son			

P L E A S E P R I

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
R, OLGON Law Office, PLL	ـ <u>د</u>
(Name of partnership, firm or corporation)	(1 22-19
III. Name of Client ENGIE North America, Inc.	Date 7-23-11
IV. Fees Received Indicate the gross amount of all fees received from the client identified aboto lobbying, including fees for services such as public advocacy, governm	ove that are related, directly or indirected that are related, directly or indirected that it is not related to the service of
including research, monitoring legislation, and related legal work. The reduced by any expenses:	gross fee amount reported shall not
a) Total of all fees received in this reporting period	a)\$ 4,593.25
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	
c) Total of all fees received to date (Add lines a and b)	o)\$ 4593.25
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$O,OO
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for example, lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example; purchase of a meal with a value green restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	ch client and if expenditures are made rt may be filed for the lobbyist(s)/fit the aggregate total of all expenses p expenses; (b) the aggregate total of imple: meals purchased during a busin Fless than \$10 that is given to the per- bied with a value of \$25.00 or less); a eporting period of greater than \$25.00 value of greater than \$25, purchase of eater than \$25, but not greater than \$ ms, expense reimbursement, or politic
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$1, 9 78. 68
 b) Total aggregate of expenditures during this reporting period, not reporte in a), of \$25 or less. 	b) \$
	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)s_1978.68
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns_1978.68
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	s
	s
	s
	s
	\$
	s
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
52. LAUS-	4-23-19
(Signature of lobbyist)	(Date)
Robert OLSON	
(Print Name of lobbyist)	